

P04000123434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

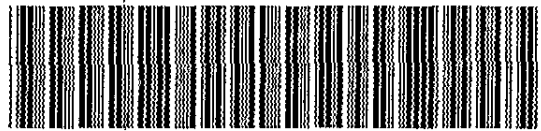
(Business Entity Name)

(Document Number)

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08/09/04--01018--003 \*\*87.50

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04 AUG 26 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

W04-30512  
8/10

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Carlos Guevara Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Carlos Guevara  
Name (Printed or typed)

10049 sw 222 street  
Address

Miami, Florida , 33190  
City, State & Zip

786-473-7017  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 10, 2004

CARLOS GUEVARA  
10049 SW 222 ST.  
MIAMI, FL 33190

SUBJECT: CARLOS GUEVARA INC.  
Ref. Number: W04000030512

We have received your document for CARLOS GUEVARA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum  
Document Specialist  
New Filings Section

Letter Number: 804A00049621

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Carlos Guevara Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10049 sw 222 street Miami. Florida, 33190

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct all businesses related to maintenance and repairs  
of swimming pools

### ARTICLE IV SHARES

The number of shares of stock is:

1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Carlos Guevara  
10049 sw 222 street  
Miami, Florida, 33190

President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ALBERTO T. BUSTILLO  
11447 S.W. 86<sup>TH</sup> LN.  
MIAMI, FL 33173

### ARTICLE VII INCORPORATOR

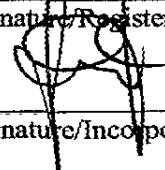
The name and address of the Incorporator is:

Carlos Guevara  
10049 sw 222 street  
Miami, Florida, 33190

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

8-14-04  
\_\_\_\_\_  
Date

07-19-04  
\_\_\_\_\_  
Date

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04 AUG 26 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA